SC	HEDULE E)			PAGE 1 FOR SE OF	OF 6 FORM 24/48
NA	ME OF COMMITTE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
CF	REDO SUPERPAC				
			C	C00507517	
Che	eck If 24-hour report X 48-hour report New report Amends report	ort filed on	M = M	/ D = D /	Y = Y = Y
Т	Full Name (Last, First, Middle Initial) of Payee	Det	_		
	Michael Eagle	Dat	e 		
			09	12	2012
	Mailing Address 22 Clover Lane				
L		Am	ount		
	City State Zip Code				1062.50
	Wayne PA 19087	Tran	saction I	ID : SE.8595	
ı	Purpose of Expenditure Category/	Office So		X House	State: PA
	Payroll Type		ĺ	Senate	District: 08
ŀ	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
-	MICHAEL G. FITZPATRICK	Check Or	ne:	Support	X Oppose
ı		Disburser	nent For:	Primary	General
	Calendar Year-To-Date Per Election for Office Sought	2012	Other (s		Gonoral
╌	Full Name (Last First Middle Initial) of Days				
	Full Name (Last, First, Middle Initial) of Payee Michael Eagle	Dat	e		
	····ondor Edgio		09 ^M	/ D D /	2012
	Mailing Address 22 Clover Lane				
		Am	ount		
	City State Zip Code				1062.50
	Wayne PA 19087			ID : SE.8602	
	Purpose of Expenditure Payroll Category/	Office So	ught:	X House	State: PA
	Type			Senate	District: 08
ı	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
-	MICHAEL G. FITZPATRICK	Check Or	ne:	Support	Oppose
	Calendar Year-To-Date Per Election	Disburser	nent For:	Primary	✓ General
	for Office Sought	2012	Other (s	necify)	
			0 (0		
(a) SUBTOTAL of Itemized Independent Expenditures	· •			2125.00
(b) SUBTOTAL of Unitemized Independent Expenditures	· •			
				, , , , , , , , , , , , , , , , , , , ,	
(c) TOTAL Independent Expenditures				
			-7	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert					
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Becky Bond		/		
	[Electronically Filed] Date	09	27	201	2
	Signature				

SCHEDULE E)	PAGE 2 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
CREDO SUPERPAC	C C00507517
Check If 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
Impact Dialing	M M / D D / Y Y Y Y Y
Mailing Address 3543 19th Street Amo	09 12 2012
City State Zip Code	Valit.
San Fracisco CA 94110	125.00 saction ID : SE.8599
Purpose of Expenditure Phones Category/ Type Office Sou	•
Name of Federal Candidate Supported or Opposed by Expenditure:	President ——
MICHAEL G. FITZPATRICK Check One	e: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought 17661.42 Disbursem 2012	ent For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Impact Dialing	M = M / D = D / Y = Y = Y
Mailing Address 3543 19th Street	09 13 2012
Amo	ount
City State Zip Code San Fracisco CA 94110	625.00
Purpose of Expenditure Phones Category/ Type Office Sou	Senate Service
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 08
MICHAEL G. FITZPATRICK Check One	e: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursem 2012	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	750.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
	l
Becky Bond [Electronically Filed] Date 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

(SCHEDULE E)	PAGE 3 OF 6 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
CREDO SUPERPAC	C C00507517			
Check If 24-hour report X 48-hour report New report Amends report	t filed on			
Full Name (Last, First, Middle Initial) of Payee				
Julia Leonard	Date			
	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1428 Alamo Avenue				
	Amount			
City State Zip Code	300.00			
Colorado Springs CO 80907	Transaction ID : SE.8598			
Purpose of Expenditure Category/	Office Sought: House State: PA			
Payroll Type	Senate District: 08			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
MICHAEL G. FITZPATRICK	Check One: Support Oppose			
Calendar Year-To-Date Per Election	Disbursement For: Primary General			
for Office Sought	2012 Other (specify)			
Full Name (Last, First, Middle Initial) of Payee	Date			
Julia Leonard	M M / D D / Y Y Y Y			
Mailling Address	09 26 2012			
Mailing Address 1428 Alamo Avenue	Amount			
City. Chale Tip Code	Amount			
City State Zip Code Colorado Springs CO 80907	750.00			
B. (5 ")	Transaction ID : SE.8605 Office Sought:			
Purpose of Expenditure Payroll Category/ Type	Senate			
	President District: 08			
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose			
MICHAEL G. FITZPATRICK	Support Support			
Calendar Year-To-Date Per Election 21893.56	Disbursement For: Primary General			
for Office Sought	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	1050.00			
	<u> </u>			
(b) SUBTOTAL of Unitemized Independent Expenditures	•			
	7 7 7			
(c) TOTAL Independent Expenditures				
	7 7			
Under penalty of parium I certify that the independent expanditures reported baroin were not made in conservation, consultation, or conservation.				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Becky Bond	M = M / D = D / Y = Y = Y			
[Electronically Filed] Date	09 27 2012			
Signature				

(SCHEDULE E)	PAGE 4 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
CREDO SUPERPAC	C C00507517
Check If 24-hour report X 48-hour report New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
Anthony Smith	Date M M / D D / Y Y Y Y Y Y Y Y Y
Mailing Address 9113 Stratus Cir.	Amount
City State Zip Code	
Manlius NY 13104	625.00 Transaction ID : SE.8596
Purpose of Expenditure Payroll Category/ Type	Office Sought: House State: PA Senate District: 08
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MICHAEL G. FITZPATRICK	Check One: Support Oppose
Calciual real-10-Date Fel Election	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Anthony Smith	Date 09 26 2012
Mailing Address 9113 Stratus Cir.	
	Amount
City State Zip Code Manlius NY 13104	625.00 Transaction ID : SE.8603
Purpose of Expenditure Payroll Category/ Type	Office Sought: House State: PA Senate District: 08
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MICHAEL G. FITZPATRICK	Check One: Support Oppose
	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1250.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
,	
(c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of each of the commi	

(SCHEDULE E)	PAGE 5 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
CREDO SUPERPAC	C C00507517
Check If 24-hour report X 48-hour report New report Amends report	filed on M M M / D D / Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee	
Staples	Date
Ad 35 Add	09 06 2012
Mailing Address 500 Staples Drive	A
O'the Other To Out	Amount
City State Zip Code Framingham MA 01702	1543.76
	Transaction ID : SE.8594
Purpose of Expenditure Printing Category/ Type	Office Sought: House State: PA Senate District: 08
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MICHAEL G. FITZPATRICK	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Collin Steele	M M / D D / Y Y Y Y
Mailing Address 417 Summit House	12 2012
Walling Address 417 Summit House	Amount
City State Zip Code	
West Chester PA 19382	625.00
Purpose of Expenditure Category/	Transaction ID : SE.8597 Office Sought: ✓ House State: PA
Payroll Type	Senate District: 08
Name of Federal Candidate Supported or Opposed by Expenditure:	President
MICHAEL G. FITZPATRICK	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2168.76
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were nowith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Becky Bond	M = M / D = D / Y = Y = Y
[Electronically Filed] Date	09 27 2012
Signature	

(SC	HEDULE E)		PAGE 6 OF 6 FOR SE OF FORM 24/48	
	ME OF COMMITTE (In Full)		FEC IDENTIFICATION NUMBER	3 ▼
C	REDO SUPERPAC		C C00507517	
Ch	eck If 24-hour report X 48-hour report New report Amends report		M = M / D = D / Y = Y = Y	Y
	Full Name (Last, First, Middle Initial) of Payee			
	Collin Steele	Date	M M M / D D / Y Y Y	Y
ı	Mailing Address 417 Summit House	Amo	09 26 2012	_
ŀ	City. Ctata Zia Cada	Amo	Sunt	_
	CityStateZip CodeWest ChesterPA19382	Trans	669.64 saction ID : SE.8604	
	Purpose of Expenditure Payroll Category/ Type	Office Sou	ught: House State: P	PA
ľ	Name of Federal Candidate Supported or Opposed by Expenditure:		President	
	MICHAEL G. FITZPATRICK	Check One	e: Support X Oppose	е
	Calendar Year-To-Date Per Election for Office Sought	Disbursement 2012	nent For: Primary General Other (specify)	al ——
ı	Full Name (Last, First, Middle Initial) of Payee	Date	9	
			M M / D D / V V V	V
	Mailing Address	<u> </u>	W - W / D - D / T - T - T	
		Amo	ount	
ľ	City State Zip Code			
ľ	Purpose of Expenditure Category/ Type	Office Sou	ught: House State: Senate District:	
ŀ	Name of Federal Candidate Supported or Opposed by Expenditure:		President	
	realite of Federal Cartalidate Supported of Opposed by Experialities.	Check One	e: Support Oppos	е
	Calendar Year-To-Date Per Election for Office Sought	Disbursem	nent For: Primary General Other (specify)	al
	CALIDATOTAL of the mineral hadron and set Francisco		200.01	\neg
'	a) SUBTOTAL of Itemized Independent Expenditures	· •	669.64	_
	b) SUBTOTAL of Unitemized Independent Expenditures	•		
(c) TOTAL Independent Expenditures	•	8013.40	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.			
	Becky Bond [Electronically Filed] Date	M = M /	27 2012	
	Signature	00	2, 2012	